

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">418795</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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49							99						
50							100						
TOTAL IND.	2	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	29	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	36	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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